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1-c971 U.S. PTO
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Please type a plus sign (+) inside this box  Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. AC02774US	
	First Inventor Huig Klinkenberg	
	Title	PHOTOACTIVATABLE COATING COMPOSITION....
	Express Mail Label No. EL320904533US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 24] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]	b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper
5. Oath or Declaration (unsigned) Total Pages 3	c. <input type="checkbox"/> Statements verifying identity of above copies
a. <input type="checkbox"/> Newly executed (original or copy)	ACCOMPANYING APPLICATION PARTS
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement of Attorney (when there is an assignee) <input type="checkbox"/> Power of Attorney
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)
	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

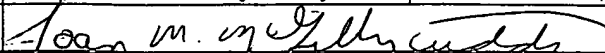
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label  or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Joan M. McGillycuddy				
Address	Akzo Nobel Inc., Intellectual Property Department				
	7 Livingstone Avenue				
City	Dobbs Ferry	State	New York	Zip Code	10522-3408
Country	U.S.A.	Telephone	914-674-5463	Fax	914-693-4236

Name (Print/Type)	Joan M. McGillycuddy	Registration No. (Attorney/Agent)	35,608
Signature		Date	03/28/01

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 710.00

Complete if Known

Application Number

Filing Date

First Named Inventor

Huig Klinkenberg

Examiner Name

Group Art Unit

Attorney Docket No.

AC02774US

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

Deposit
Account
Name

01-1350

Akzo Nobel Inc.

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 710.00

2. EXTRA CLAIM FEES

Total Claims 15 Extra Claims -20** = - X Fee from below = Fee Paid

Independent Claims 1 -3** = - X Fee from below = Fee Paid

Multiple Dependent Fee from below = Fee Paid

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9			Claims in excess of 20	
102 80	202 40			Independent claims in excess of 3	
104 270	204 135			Multiple dependent claim, if not paid	
109 80	209 40			** Reissue independent claims over original patent	
110 18	210 9			** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ --

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65			Surcharge - late filing fee or oath	
127 50	227 25			Surcharge - late provisional filing fee or cover sheet	
139 130	139 130			Non-English specification	
147 2,520	147 2,520			For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
116 390	216 195			Extension for reply within second month	
117 890	217 445			Extension for reply within third month	
118 1,390	218 695			Extension for reply within fourth month	
128 1,890	228 945			Extension for reply within fifth month	
119 310	219 155			Notice of Appeal	
120 310	220 155			Filing a brief in support of an appeal	
121 270	221 135			Request for oral hearing	
138 1,510	138 1,510			Petition to institute a public use proceeding	
140 110	240 55			Petition to revive - unavoidable	
141 1,240	241 620			Petition to revive - unintentional	
142 1,240	242 620			Utility issue fee (or reissue)	
143 440	243 220			Design issue fee	
144 600	244 300			Plant issue fee	
122 130	122 130			Petitions to the Commissioner	
123 50	123 50			Petitions related to provisional applications	
126 240	126 240			Submission of Information Disclosure Stmt	
581 40	581 40			Recording each patent assignment per property (times number of properties)	
146 710	246 355			Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355			For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355			Request for Continued Examination (RCE)	
169 900	169 900			Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$

SUBMITTED BY

Name (Print/Type)	Joan M. McGillycuddy	Registration No. (Attorney/Agent)	35,608	Telephone	914-674-5463
Signature	Joan M. McGillycuddy	Date	03/28/01		

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